Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	8/3/2014	Street:	26 th and High St	
Incident #:	14ISPC006514	Apt, Lot, Room #:		
County:	Cass	City:	Logansport	
Type of Laboratory Seizure (check one)		Seizure Location	eizure Location (check all that apply)	
☑ Lab Seizure☐ Chemical Seizure☐ Equipment Seizure☐ Dumpsite Seizure		Residence Outbuilding Vehicle Other:	☐ Business	
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown				
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)				
 ☐ One Pot or Birch Reaction(s): ☐ Red Phosphorous/Iodine Reaction(s): ☐ Hydrochloric Acid Gas Generator(s): ☐ Flammable Solvents: truck ☐ Water Reactive Metal (Lithium): ☐ Anhydrous Ammonia: 		Corrosi	 ☐ Corrosive Acid: ☐ Corrosive Base: ☐ Ammonium Nitrate/Sulfate: truck ☐ Other (item and location):salt and pesudo (truck) 	
Child under age 18 discovered (check appropriate)				
Yes (number present) No Children not present but evidence they reside or visit often		unclea Estimated occurring:	Living conditions of home: clean disarray unclean Estimated length of time manufacturing had been occurring: Additional Information:	
Vehicle, Travel Trailer, RV or Watercraft Information:				
Owner: VIN: Year:	<u>Donald Barnes</u> <u>1FTCR14X6RPB16761</u> <u>1994</u>	Make: Model: Color:	<u>Ford</u> <u>Ranger</u> <u>Black</u>	
This report has been faxed* or emailed to the following agencies that serve the location:				
Fire Department: <u>Logansport FD</u> Health Department County: <u>Cass Co</u> Department of Child Services Hotline: <u>dcshotlinereport</u>		Fax: eric	Fax: <u>firechief@cityoflogansport.org</u> Fax: <u>eric.eldridge@co.cass.in.us</u> ts@dcs.in.gov Fax: 317-234-7595 or 317-234-7596	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Mike Lorona Phone 7650473-6666				
*This form is to be faved to the Fire Department. Health Department and/or Department of Child Services listed within 24 hours of				

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.